| \(\frac{1}{2}\)   |  |   |                   |                              |                              |                  |          |                  | pplication             | or Do   | ocket Num           | ber                    |
|---|--|---|-------------------|------------------------------|------------------------------|------------------|----------|------------------|------------------------|---------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001   |  |   |                   |                              |                              |                  |          |                  | /0/                    | 02      | 1926                | 64                     |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                   |                              |                              |                  |          | ALL EI           | NTITY                  | OR      | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS  |  |   | 30                |                              |                              |                  | F        | ATE              | FEE                    |         | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED      |                              | NUMBER EXTRA                 |                  | ВА       | BASIC FEE        |                        | OR      | BASIC FEE           | 890                    |
| TOTAL CHARGEABLE CLAIMS   |  |   | 3D minus 20=      |                              | * /0                         |                  | >        | X\$ 9=           |                        | OR      | X\$18=              | 180                    |
| INDEPENDENT CLAIMS  |  |   | 26 minus 3 =      |                              | * 23                         |                  | 7        | (42=             |                        | OR      | X84=                | 1930                   |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT            |                              | $\wedge$                     |                  |          | 140=             |                        | OR      | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                   |                              |                              |                  |          | TOTAL            |                        | OR      | TOTAL               | 3003                   |
| CLAIMS AS AMENDED - PART II   |  |   |                   |                              |                              |                  |          | J 17 (L          |                        | • • •   | OTHER               |                        |
|   |  | (Column 1)                                |                   | (Colu                        | mn 2)                        | (Column 3) SM    |          |                  | ENTITY                 | OR      | SMALL               | ENTITY                 |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVI<br>PAID | IBER<br>OUSLY                | PRESENT<br>EXTRA | F        | ATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                           |                              | =                | <b>\</b> | \$ 9=            |                        | OR      | X\$18=              |                        |
|   | Independent                                    | *   | Minus             |                              |                              | =                |          | (42=             |                        | OR      | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                              |                              |                  |          | 140=             |                        | OR      | +280=               |                        |
|   |  |   |                   |                              |                              |                  |          | TOTAL            |                        |         | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                   |                              |                              |                  |          | IT. FEE          |                        |         | AUDII. FEEI         |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | F        | ATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                           |                              | =                | >        | \$ 9=            |                        | OR      | X\$18=              |                        |
|   | Independent                                    | *   | Minus             | ***                          |                              | =                |          | (42=             |                        | OR      | X84=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                              |                              |                  | 1        | 140=             |                        | OR      | +280=               |                        |
| AC  |  |   |                   |                              |                              |                  |          | TOTAL<br>IT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
| _   |  | (Column 1)                                |                   |                              | mn 2)                        | (Column 3)       |          |                  |                        |         |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUN<br>PREVI                 | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | F        | ATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                           |                              | =                | <b>\</b> | \$ 9=            |                        | OR      | X\$18=              |                        |
|   | Independent                                    | *   | Minus .           | ***                          |                              | <u> </u>         |          | (42=             |                        | OR      | X84=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |   |                   |                              |                              |                  | ¹ ├─     | 140-             |                        |         | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                   |                              |                              |                  |          |                  |                        | OR      | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate bo |  |   |                   |                              |                              |                  |          |                  |                        | OR      | ADDIT. FEE          |                        |
|   | The "Highest Nur                               | nber Previously Pa                        | aid For" (Total o | r Indepen                    | dent) is the                 | e highest numb   | er found | in the ap        | propriate bo           | x in co | olumn 1.            |                        |